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No Soldiers Left Behind: *Key Initiatives to Counteract Veterans' Stigma*

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) *Webinar*

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Publication “in press”

- Greden, J.F., Valenstein, M., Spinner, J., Blow, A., Gorman, L.A., Dalack, G.W., Marcus, S., Kees, M. Buddy-to-Buddy, a citizen soldier peer support program to counteract stigma, PTSD, depression, and suicide. Ann. N.Y. Acad. Sci., *in press,* 2010.

Five Needed Initiatives

1. Citizen-Soldiers
    1. National Guard and Reserves
2. Co-occurrence (co-morbidity)
3. “Changing culture by using culture”
    1. Buddy-to-Buddy
    2. Family
    3. Resiliency
4. Trusted “voices” to counteract stigma
5. National Dissemination

Rediscovering Citizen-Soldiers

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- America's National Guard
  - Largest deployment since WWII
  - ~35 - 40% of > 2 million troops in Iraq and Afghanistan
- Michigan Army National Guard (MI ARNG) = illustration
  - > 9,000 Soldiers
  - 90% deployed, most multiple times
  - Returning soldiers dispersed
  - 3500 need behavioral health care
- Traumas and consequences similar among active duty and "citizen soldiers"

125 Infantry & 126 Calvary Unit Dispersion

Courtesy of Thomas Fluent, M.D.

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Co-occurrences are the norm

- **Various "diagnoses" almost always co-exist**
  - Post-traumatic Stress Disorder (PTSD)
  - Clinical Depression
  - Traumatic Brain Injury (TBI)
  - Sleep disturbances
  - Substance Abuse
  - Suicidal thoughts
- **"Co-occurrence is the norm, so treatment of ALL prevailing clinical syndromes also should be the norm"** (Greden et al, Ann. N.Y. Acad Sci. 2010, in press)
  - Treat individuals, **NOT** diagnostic labels

Reluctance to enter treatment is ***THE*** barrier

- **Estimated 40% need behavioral health care**
  - 8% report suicidal thoughts
- **50% reluctant to seek ANY help**
- **Only 30% received adequate care**

- **40…50…30 -- the *REAL* problem**

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Why don't 50% seek help? STIGMA is a key variable

- Do not want it in military records (27%)
- Unit leadership might treat me differently (20%)
- Too embarrassing (17%)
- Harm career (17%)
- Costs (15%)
- Do not know where to go to get help (6%)
- No providers in my community (6%)
- Transportation (5%)

Survey, Lisa Gorman, Ph.D.

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"Changing culture by using culture"

- Comments from returning veterans
  - "If you haven't been there, you don't get it."
  - "No soldier left behind…soldiers take care of their own"
  - "Another veteran who has been there makes it easier to get help"

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“Changing culture by using culture:

“Buddy-to-Buddy”

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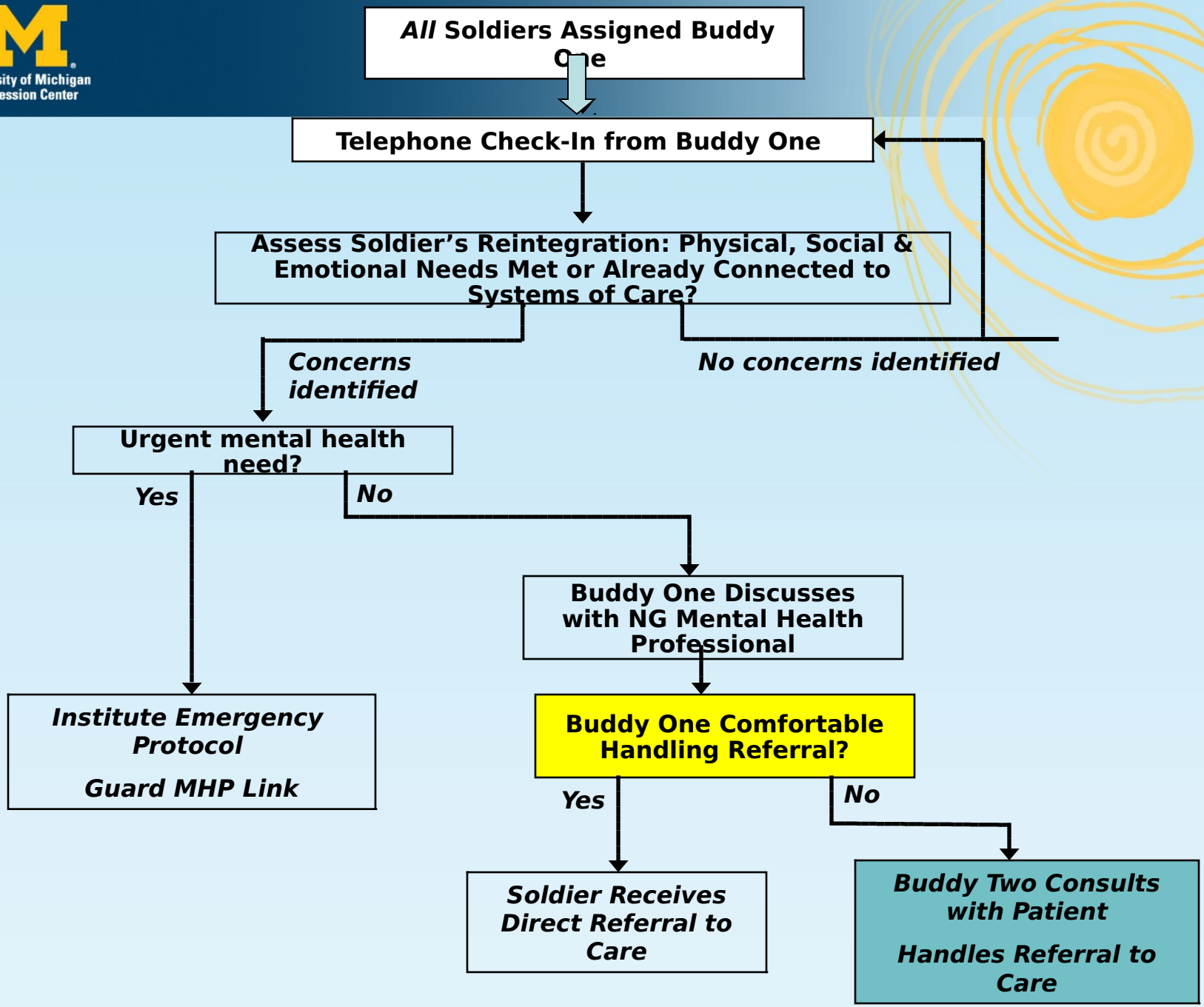
All Soldiers Assigned Buddy One
Telephone Check-In from Buddy One
Assess Soldier's Reintegration: Physical, Social & Emotional Needs Met or Already Connected to Systems of Care?
Concerns identified
No concerns identified
Urgent mental health need?
Yes
No
Institute Emergency Protocol
Guard MHP Link
Buddy One Discusses with NG Mental Health Professional
Buddy One Comfortable Handling Referral?
Yes
No
Soldier Receives Direct Referral to Care
Buddy Two Consults with Patient
Handles Referral to Care

Buddy One Training

- 3 hours, with Manual
- Support of Military Leadership essential
- Goals
  - Recognize signs suggesting need for evaluation
  - Know Resources
  - "What do you do in cases of emergencies?"
  - **"Your job is <u>not</u> to give help, it's to <u>get</u> help"**

BUDDY★TO★BUDDY

A PROGRAM OF PEER SUPPORT AND OUTREACH
FOR VETERANS OF THE MICHIGAN ARMY NATIONAL GUARD

B1 MANUAL

Buddy-to-Buddy Meeting Goals

- **~500 Buddy Ones,~ 30 Buddy Twos trained so far**
- **554 Soldiers Surveyed**
  - 90% understand intent
  - 65% receive regular calls from their Buddy
  - 65% feel comfortable talking to their Buddy
  - 53% used resources or services suggested by Buddy
- **21% referred by buddy**
- **Recommendation: A National Program of Buddy-to-Buddy needed for all returning veterans, including returning “citizen soldiers”**

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Buddy-to-Buddy

- Same principles are used to involve families!
  - Using culture to change culture
  - Many family members also benefit from treatment
  - A “team”

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National Dissemination via partnerships

- TRICARE
- Veterans Administration Hospitals
- Military facilities
- Community resources
- Student Veterans of America (www.SVA.org)
- National Network of Depression Centers (www.NNDC.org)
- Telecare/Telemedicine/Telehea

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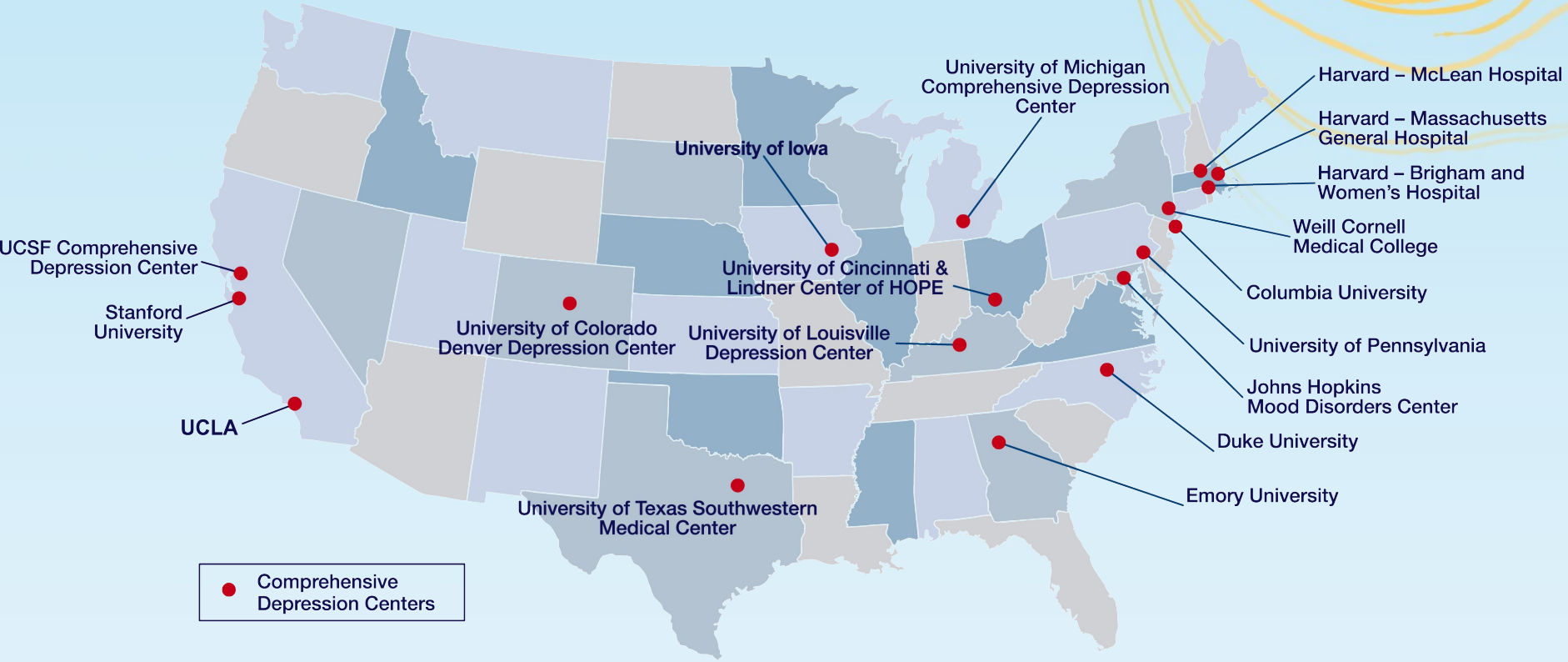
National Network of Depression Centers

Vision & Roadmap



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Trusted “voices” also help to counteract stigma”

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Gary Sinese; Dallas Cowboy Cheerleaders

Courtesy of Capt. Thomas Fluent, M.D., U.S. Navy

"Under the Helmet" and "Veterans Supporting Veterans"

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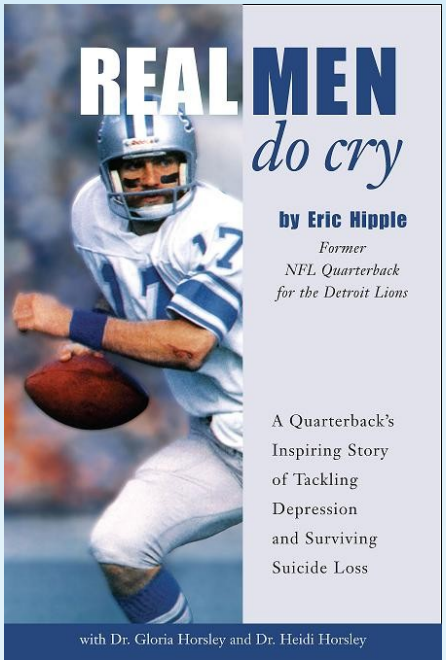
- Athletes and Veterans
  - Shawn Andrews, a two-time Eagles Pro Bowl offensive lineman
  - Eric Hipple, former NFL Quarterback
    - University of Michigan Depression Center
    - AFSP Lifesaver Award
  - Many others



Five Needed Initiatives

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  - National Guard and Reserves
- Co-occurrence
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  - Family
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- National Dissemination

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"Partner or Perish"

We **WILL** win this fight

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Thank you

Go Blue!